

**New Jersey Department of Health and Senior Services  
Clinical Laboratory Improvement Service  
PO Box 361  
Trenton, NJ 08625-0361**

**LABORATORY PERSONNEL QUALIFICATION APPRAISAL**

*An individual employed in a clinical laboratory as director, general supervisor, technical supervisor, technologist, cytotechnologist, cytotechnologist supervisor, or technician, must establish his/her qualifications under P.L. 1975, Chapter 166, NJ Clinical Laboratory Improvement Act. The Clinical Laboratory Improvement Program needs the following information to determine whether the employer listed in Item 3 meets the requirements for qualified personnel. Authority to collect the information is given in Section 9c of the Clinical Laboratory Improvement Act. Your response is voluntary; however, failure to furnish the requested information may result in the facility not being licensed or relicensed by the Department. If you do furnish the information, it will be used for: (1) routine administrative processes carried out in accordance with established regulations and published notices of systems of records, and (2) disclosures expressly permitted by the Privacy Act without the individual's consent, e.g., to the Bureau of the Census. The information will not be released to any persons or organizations outside of official administrative channels unless the individual specifically requests in writing that such disclosures be made (Privacy Act of 1974 - Public Law 93-579).*

*Verification of degree, diploma, board certification, etc., may be requested.*

1. Name (Last, First, Middle)				2. Maiden Name (if Married)				
Mailing Address								
City				State		Zip Code		
3. Name of Present Employer								
Address								
City				State		Zip Code		
4. Employer CLIA License Number				5. Employer's Medicare Provider Number				
6. Employment Work Arrangements <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Call or Call Back <input type="checkbox"/> Hours/Week: _____					7. Shift <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night			
8. Positions Currently Held in Laboratory <input type="checkbox"/> Director <input type="checkbox"/> General Supervisor <input type="checkbox"/> Cytotechnologist Supervisor <input type="checkbox"/> Technical Supervisor <input type="checkbox"/> Technologist <input type="checkbox"/> Cytotechnologist <input type="checkbox"/> Technician <input type="checkbox"/> Phlebotomist				9. Technical Supervisors ONLY - Check the following in which you presently function: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Microbiology  <input type="checkbox"/> Diagnostic Immunology  <input type="checkbox"/> Chemistry  <input type="checkbox"/> Hematology  <input type="checkbox"/> Immunohematology  <input type="checkbox"/> Histocompatibility  <input type="checkbox"/> Radioimmunoassay           </div> <div> <input type="checkbox"/> Virology  <input type="checkbox"/> Toxicology  <input type="checkbox"/> Cytology  <input type="checkbox"/> Cytogenetics           </div> </div>				
10a. High School Graduate or Equivalent <div style="text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>								
<b>College, University or Other Schools Attended</b>								
10b. Name and Address of Institution	From		To		Major	Degree, Diploma or Certificate	Conferred	
	Mo.	Yr.	Mo.	Yr.			Mo.	Yr.

11. Clinical Laboratory Training (Training fulfilling or partially fulfilling a Degree, Diploma, or Certificate requirement listed in Item 10.)									
Name and Address	From		To		Program Title	Degree, Diploma or Certificate	Conferred		
	Mo.	Yr.	Mo.	Yr.			Mo.	Yr.	

12. License, Certification or Registration						
Name of Granting Agency	Licensure/Certification or Registration Title		Granted		License, Certificate, or Registration Number	MD/DO (X) if Only Board Eligible
			Mo.	Yr.		

13. Proficiency Examinations- Department of Health and Human Services					
Type of Examination	Passed		Identification Number	Directors: Check Sections Passed	
	Mo.	Yr.			
<input type="checkbox"/> Technologist				<input type="checkbox"/> General	<input type="checkbox"/> Microbiology
<input type="checkbox"/> Cytotechnologist				<input type="checkbox"/> Hematology	<input type="checkbox"/> Clinical Chemistry
<input type="checkbox"/> Director				<input type="checkbox"/> Serology	<input type="checkbox"/> Blood Groupings and RH Typings

14. Clinical Laboratory Experience																
Name and Address of Laboratory or Institution  Begin with earliest employment and continue through present employment. Any gaps in employment will be assumed to be non-clinical laboratory work periods.	Period Employed				Position Held  *	Microbiology	Diagnostic Immunology	Chemistry	Hematology	Cytology	Radioimmunoassay	Toxicology	Virology	Immunohematology	Histocompatibility	Other
	From		To													
	Mo.	Yr.	Mo.	Yr.												

\* Indicate position(s) as shown in Item 8.

<div>15. Remarks</div> <div>(Add information pertinent to your education, training, employment, etc., not included above.)</div>	
<div>- READ THE FOLLOWING CAREFULLY BEFORE SIGNING -</div> <div>Statements or entries generally: Whoever, in any matter within the jurisdiction of any department or agency of the State of New Jersey knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be subject to a penalty of not less than \$100.00 or more than \$1000.00 for each violation (N.J.S.A. 2A:58-1 et seq.).</div>	
<div>CERTIFICATION</div> <div>I CERTIFY that all of the statements made in this form are true, complete and correct to the best of my knowledge and belief and are made in good faith.</div>	
16. Signature of Applicant	Date
<div>CERTIFICATION</div> <div>I have reviewed the entries made herein and to the best of my knowledge they are true, complete and correct.</div>	
17. Signature of Current Laboratory Director	Date

**FOR STATE USE ONLY**

**18. State Agency Evaluation**

**a. Meets State Licensure Requirements (if applicable) as:**

☐ Director

☐ Technician

☐ General Supervisor

☐ Technologist

☐ Technical Supervisor

☐ Cytotechnologist

☐ Cytotechnologist Supervisor

☐ Phlebotomist

**b. Meets Federal Requirements as:**

[Circle appropriate paragraph number(s). Show all positions in which individual functions and qualifies in laboratory.]

405.1312(b) 1 2 3 4 5

405.1313(b) 1 2 3 4 5

405.1314(b) 1 2 3 4 5 6 7 8 9 10 11 12 13

405.1315(b) 1 2 3 4 5 6

405.1315(c) 1 2 3

405.1315(e) 1 2 3 4 5 6

**c. Does not quality as \_\_\_\_\_ . Explain in Remarks Section the position(s) in which individual functions or proposes to, but does not qualify.**

**19. REVIEWER REMARKS**

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**20. Signature of State Agency Reviewer**

**21. Date**